Master Client Information and Privacy Act Statement

Privacy Act Statement

<u>Authority</u>: 5 U.S.C. 301, which allows Secretary of the Navy to make regulations for the Department of the Navy. One of those regulations, SECNAVINST 1754.1A Department of the Navy, established the Navy Fleet and Family Support Center Program.

Principal Purpose: The information you provide will help the Fleet and Family Support Center (FFSC) professional staff assist you.

Routine Uses: In addition to using the information you give us for the "principal purpose" given above, your information may be used for one or more of the "routine uses" listed in the Federal Register notice for this system (including the blanket routine uses that are applicable to all Navy Privacy Act systems of records). This Federal Register notice is available here at the FFSC to review if you wish.

Four of the more important routine uses are:

- a. disclosure to state and local government authorities in accordance with state and local laws requiring the reporting of suspected child abuse and neglect;
- b. disclosure to the appropriate federal, state, or local agency charged with enforcing a law, where FFSC records indicate that a violation of law may have occurred;
- c. disclosure to certain foreign authorities in connection with international agreements, including Status of Forces Agreements (SOFA's); and
- d. disclosure to the Department of Justice for litigation purposes.

<u>Disclosure</u>: In addition to using the information you give us for the "principal purpose" and the "routine uses" given above, your information may be disclosed in certain other specific circumstances, as permitted by exceptions to the Privacy Act. These could include clearances, personnel reliability programs, law-enforcement programs, life-threatening situations, substance-abuse programs, and family abuse situations.

Signature indicates that you:

Have read and understand the Privacy Act Statement.

Have read and received a copy of the Clients	s' Bill of Rights and Responsibiliti	es.	
Signature:	Date:	Witness:	
Please provide information about <i>yourself</i> , except where otherwise indicated.			
Last Name:	First Name:	MI:	SSN:
Current Mailing Address:	City:		State: Zip:
Home Phone: Work Phone:	E-mail Add	dress:	
Relationship to Sponsor: O Spouse O Self O Child O Parent O Other			
Sponsor's current duty status: O Active Duty O Reserves O Retired O Federal Employee O Other			
If active duty, are you in the Personnel Reliability Pro-	gram (PRP)? O Yes O No		EFM Enrollee? O Yes O No
Marital Status: O Divorced O Dual Military Couple O Married O Never Married O Separated O Widowed			
Date of Birth (mm/dd/yy): Gender: O Male O Female Foreign Born? O Yes O No			
Ethnicity: O African American O Asian/Pacific Islander O Caucasian O Hispanic O Native American O Other			
Are You a Parent? O Yes O No Names & Ages of Children:			
Children Living at Home? O Yes O No			
Education: O Less than high school O H.S.	Equivalent/GED O High School	Diploma (O Vocational
O Some College (No Degree completion) O Bach	nelor's Degree O Master's Deg	gree C	Doctoral Degree O Other
Sponsor's Last Name: Spon	sor's First Name.	Spo	nsor's SSN:
Sponsor's Branch of Service: Spon	sor's Pay Grade (E-2, O-3, e	etc): Spo	nsor's Rate (DC, FC, RM, etc):
Current Duty Station: (must be specific and clearly understandable; NO acronyms, if possible)			
	early understandable; NO acronyms	, if possible)	
Date Reported to Present Command:	early understandable; NO acronyms, Projected Rotation	. ,	
		n Date:	ographic Bachelor? O Yes O No
	Projected Rotation	n Date :	ographic Bachelor? O Yes O No eployable Unit O Not Applicable
Type of Unit: O Surface O Shore O S Deployment Status: O Deployed O Detached/No	Projected Rotation	n Date: r Geo ort O Non-d	eployable Unit O Not Applicable
Type of Unit: O Surface O Shore O S Deployment Status: O Deployed O Detached/No Housing Status: O On Base O Off Base Typ Referred by: O CAAC/DAPA/ARC, etc. O Care	Projected Rotation ubmarine O Aviation O Othe t at new Command O In Home-poole of Quarters: O BEQ/BOQ O Get Counselor O Chaplain	r Geo ort O Non-d Government Ho O Child Devel	eployable Unit O Not Applicable ousing O Private Housing O Ship lopment Center/FHC
Type of Unit: O Surface O Shore O S Deployment Status: O Deployed O Detached/No Housing Status: O On Base O Off Base Type Referred by: O CAAC/DAPA/ARC, etc. O Care O Civilian Service Agency O Command O Com	Projected Rotation Tubmarine O Aviation O Othe It at new Command O In Home-proper of Quarters: O BEQ/BOQ O Green Counselor O Chaplain Tubmand Financial Officer O Family	r Geo ort O Non-d Government Ho O Child Devel O FAP/FA	eployable Unit O Not Applicable busing O Private Housing O Ship lopment Center/FHC